PRACTITIONER OF RESPIRATORY CARE APPLICATION FOR REGISTRATION RENEWAL

Date Received by Board

License No		

Post Office Boy 7238	Reno. Nevada 89510	Phone (775) 688-2559
Post Office box 7236	Reno, Nevada 69510	Priorie (775) 000-2008

	VADA STATE BOA MEDICAL EXAMINE	=		File No
Post Office Box 7238	Reno, Nevada 89510	Phone (775) 688-2559	(For Board Use Only)	
hereby apply for	renewal of biennial	registration and enclose	the appropriate fee as indicate	ed below:
RENEV	VAL FEE		\$200.00	

Make checks payable to:

NEVADA STATE BOARD OF MEDICAL EXAMINERS

(Foreign checks must indicate "U.S. FUNDS")

PLEASE NOTE:

- YOUR CURRENT LICENSE TO PROVIDE RESPIRATORY CARE SERVICES EXPIRES ON FEBRUARY 28, 2006. COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORMS NOT RECEIVED AT THE BOARD OFFICE BY MARCH 1, 2006 AT 5:00 P.M. ARE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. EXTENSIONS OF TIME ARE NOT ALLOWED FOR ANY REASON, AS NEVADA HAS NO GRACE PERIOD. (USE THE ENCLOSED ENVELOPE TO MAIL YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.)
- YOUR LICENSE WILL NOT BE RENEWED UNLESS YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM. YOU MUST PROVIDE WRITTEN EXPLANATIONS FOR ALL QUESTIONS **ANSWERED "YES."**
- ALL INFORMATION YOU PROVIDE ON THIS APPLICATION FOR REGISTRATION RENEWAL FORM IS PUBLIC **INFORMATION.**

PLEASE TYPE OR PRINT LEGIBLY PLEASE PROVIDE ALL INFORMATION AS REQUESTED

- 1. Registration renewal requires the submission of proof of current certification by the National Board for Respiratory Care AND 20 contact hours of continuing professional education (CE) as described in NAC 630.530(3)(a) completed during the period March 1, 2004 through February 28, 2006.
- 2. If your name and/or address has changed from that printed on the label on this form, clearly indicate the change in the space provided below. Also, please indicate your current telephone and fax numbers. [Please note: a notarized or certified copy of the document authorizing your name change (marriage license, divorce decree, etc.) must be included.]

Name				
Street				
City	County	State	Zip	
Phone Number	Fax Number			_
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Indicate below your primary and secondary scope of practice specialties using the following codes:

SCOPE OF PRACTICE SPECIALTY CODES

- **GENERAL FLOOR CARE**
- EMERGENCY / CRITICAL CARE / TRAUMA 2
- SLEEP DISORDERS
- PULMONARY FUNCTION TESTING
- MANAGEMENT

PULMONARY REHABILIATION / CARDIAC REHABILITATION 7 PERINATAL / PEDIATRIC

Code

- HOME CARE R
- HOME MEDICAL EQUIPMENT
- FLIGHT MEDICINE

Primary Specialty	Secondary Specialty	
, ,		

Code

All of the following questions refer to the time period March 1, 2004, through the present date only.

For the purposes of the following questions, these phrases or words have these meanings:

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completing of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee.

FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED TO YOUR COMPLETED APPLICATION FOR REGISTRATION RENEWAL FORM.

Do you have a medical condition that in any way impairs or limits your ability to provide respiratory care services with reasonable skill and safety? YesNo
2. If you have a medical condition which in any way impairs or limits your ability to provide respiratory care services, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? YesNoN/A
3. If you use chemical substances, does your use in any way impair or limit your ability to provide respiratory care services with reasonable skill and safety? YesNoN/A
4. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?
5. Have you ever been investigated for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal (including the U.S. Military), state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, court martial or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance is not considered a minor traffic offense) or which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?
6. Have you ever been denied a license or certification/registration to provide respiratory care services or permission to practice as a respiratory care therapist or permission to take an examination to practice as a respiratory care therapist or permission to practice any other healing art in any state, country or U.S. territory? YesNo
7. Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?
8. Have you ever voluntarily surrendered a license or certificate to provide respiratory care services or any other healing art in any state, country or U.S. territory?No
9. Have you ever failed the National Board of Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration as a practitioner of respiratory care? YesNo
10. Have you ever had your registration/certification revoked, suspended and/or limited by the National Board of Respiratory Care?No
11. Have you ever been: a) notified that you were under investigation for; b) investigated for; c) charged with; or d) convicted of any violation of a statute, rule or regulation governing your practice as a provider of respiratory care by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? YesNo

CHILD SUPPORT STATEMENT Please place a check mark next to one of the following statements: (a) I am not subject to a court order for the support of a child; __ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. **CERTIFICATION STATEMENT** I am currently certified by the National Board for Respiratory Care. ATTACH COPY OF PROOF OF YOUR CURRENT CERTIFICATION. (YOUR COPY OF PROOF OF CURRENT CERTIFICATION WILL NOT BE RETURNED TO YOU.) CONTINUING PROFESSIONAL EDUCATION (CE) STATEMENT Please place a check mark next to one of the following statements: (a) I completed a minimum of 20 contact hours of continuing professional education (CE), 2 hours of which were in ethics, during the past biennial period of March 1, 2004 through February 28, 2006, as described in NAC 630.530(3)(a); (b) I was initially licensed in Nevada during the time period September 1, 2004 through February 28, 2005, the second six months of the past biennial period, and completed a minimum of 15 contact hours of continuing professional education (CE), 2 hours of which were in ethics, as described in NAC 630. 530(3)(b); (c) I was initially licensed in Nevada during the time period March 1, 2005 through August 31, 2005, the third six months of the past biennial period, and completed a minimum of 10 contact hours of continuing professional education (CE), 2 hours of which were in ethics, as described in NAC 630. 530(3)(c); OR (d) I was initially licensed in Nevada during the time period September 1, 2005 through February 28, 2006, the fourth six months of the past biennial period, and completed a minimum of 5 contact hours of continuing professional education (CE). 2 hours of which were in ethics, as described in NAC 630. 530(3)(d). ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING PROFESSIONAL EDUCATION (CE) HOURS. YOUR COPIES OF PROOF OF CE COMPLETION WILL NOT BE RETURNED TO YOU. HOME ADDRESS & PHONE NUMBER (REQUIRED) Street_____ County State Zip City ___ Fax Number____ Phone Number BY SIGNING ON THE SIGNATURE LINE BELOW: 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR REGISTRATION RENEWAL OF LICENSE TO PROVIDE RESPIRATORY CARE SERVICES IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE: 2) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b), OR (c) UNDER THE CHILD SUPPORT STATEMENT SECTION; AND 3) I UNDERSTAND THAT THIS APPLICATION FOR REGISTRATION RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S) AND/OR ATTACHED THERETO: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING PROFESSIONAL EDUCATION (CE); (b) THE APPROPRIATE PROOF OF CURRENT CERTIFICATION BY THE NATIONAL BOARD FOR RESPIRATORY CARE; (c)

Signature (SIGNATURE STAMP UNACCEPTABLE)

PAYMENT OF THE \$200.00 REGISTRATION RENEWAL FEE; AND (d) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).